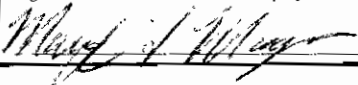
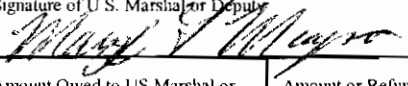


U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF <b>UNITED STATES OF AMERICA</b>				COURT CASE NUMBER CR-04-30032-MAP	
DEFENDANT <b>FRANCIS G. KEOUGH, III, et al.,</b>				TYPE OF PROCESS: Preliminary Order of Forfeiture	
FILED IN CLERKS OFFICE 2007 NOV 29 P 12:53					
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: <b>Francis G. Keough, III</b>				
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) <b>c/o Daniel D. Kelly, Esquire, 101 State Street, Suite 715, Springfield, MA 01103</b>				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:				Number of process to be served with this Form - 285	
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210				Number of parties to be served in this case	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)				Check for service on U.S.A.	
Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-named individual via certified mail, return receipt requested.					
JLJ xt 3297					
Signature of Attorney or other Originator requesting service on behalf of:			TELEPHONE NUMBER (617) 748-3100		DATE November 1, 2007
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>					
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>11/16/07</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).					
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>11/27/07</u>	Time _____ am _____ pm
Signature of U.S. Marshal or Deputy 				Amount Owed to US Marshal or Amount or Refund	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS:

11/16/07 Certified # 7004 11:00 AM 5:59 PM 6894

11/23/07 Delivery Date

5

PRIOR EDITIONS MAY  
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGEMENT OF RECEIPT